

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-876)**

APPLICANT(S)

09/708,964

7-26-04 CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1		1	
2		1	1		1	
3		2		2		2
4		2		2		2
5		2		2		2
6		2		2		2
7		2		2		2
8		2		2		2
9		2		2		2
10		2		2		2
11		0		0		0
12		0		0		0
13		0		0		0
14		0		0		0
15		0		0		1
16		0		0		1
17		0		0		1
18		2		2		2
19		2		2		2
20		2		2		2
21		2		2		2
22		0		0		1
23		0		0		1
24	1		1			
25		1		1		
26	1		1			
27					1	
28					1	
29						
30						
31						
32						
33						
34						
35						
36					1	
37						4
38						4
39						4
40						4
TOTAL IND.	3		4			
TOTAL DEP.	34					
TOTAL CLAIMS	37					

					7-26-04	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
41						1
42						
43						
44						
45						
46						
47						
48						
49						
50						
61						
62						
63						
64						
65						
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82						
83						
84						
85						
86						
87						
88						
89						
90						
TOTAL IND.					1	
TOTAL DEP.					20	
TOTAL CLAIMS					21	